

Name in Full

Certificate of Death

Retta C Bell

Town

County

Died at Brookview

Dor

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Aug 16

Age

3

Dor

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Alvan R Bell

Mother's

Name

Sadie Bell

Cause of

Primary

Falls

71

How long sick

Death

Immediate

Congestion of Brain

Accident, Suicide, Homicide

Reported by

C R Oster

Address

Galesburg

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

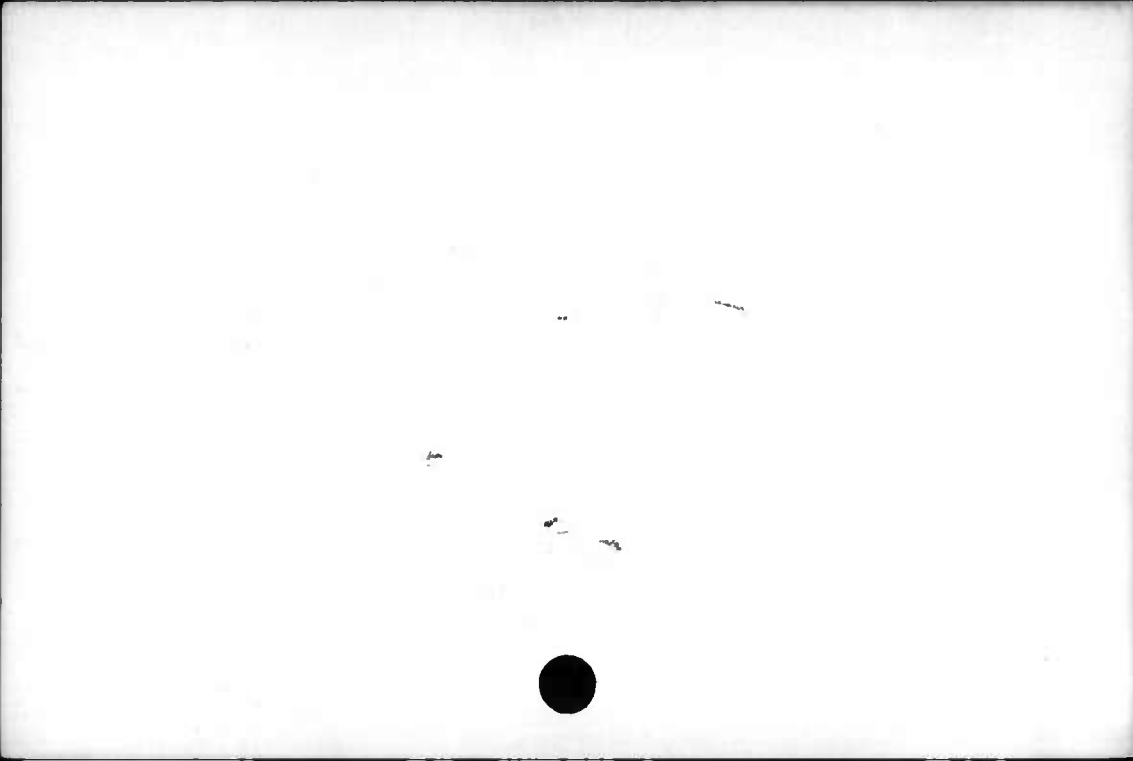
MARYLAND

Name in Full Josephus Brammoch		Town Church Creek		County Dorchester			
Date of death 1903 Aug. 22nd		Month Aug.		Day 22nd		Years 54	
Sex Male		Color or Race White		Birth-place Dor. Co. Md.		Months 6	
Occupation Sailor - Sea Captain		Where Residing if not at place of death —				Days 16	
Married, Single or Widowed Married		Name of Wife or Husband Mary Eugenia Airey					
Father's Name James Brammoch		Father's Birthplace Dor. Co. Md.					
Mother's Maiden Name Elizabeth Woolford		Mother's Birthplace Dor. Co. Md.					
Name of person giving Information J. Airey Brammoch		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hemiplegia	How long 6 wks
Immediate Paralysis of muscles of respiration	How long About 1 hour
Are the name, age, sex, color, date and place correctly given above? Probably	Signature of Physician R. L. Lathum Md.
	Address Church Creek, Md.
Accident or Suicide? —	



Name in Full

Certificate of Death

Bitchell Coleman

Town

County

MARYLAND

Died at

E. M. Market Bar.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1913

5 19

Age

74

Male

~~Widow~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

5

Husband

of

Lizzie Coleman

Father's

Mother's

Name

Born Unknown

Maiden Name

Not Known

Cause of

Primary

How long sick

1 day

Death

Immediate

Peritonitis 116

Accident, Suicide, Homicide

Reported by

Dr. J. J. Jagers

Address

E. M. Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 795



Name in Full

Certificate of Death

Columbus Courmay

Died at ^{Town} Hawkeye ^{County} Dor - - - MARYLANDDate ¹⁹⁰⁵ 8 - 24 - Age 55 - Y. M. D. Native of Md. Occupation FarmerMale ~~Female~~ ^{White} ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 5 -Husband of Mary Courmay
Father's Name Not Known Mother's Name Margaret CourmayCause of Death { Primary ¹²⁰ 13 months How long sick
~~Immediate~~ Bright Disease Accident, Suicide, HomicideReported by Dr. A. Sayers
Address E. H. Markert Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name
in
Full

Mable Conway

CERTIFICATE OF DEATH

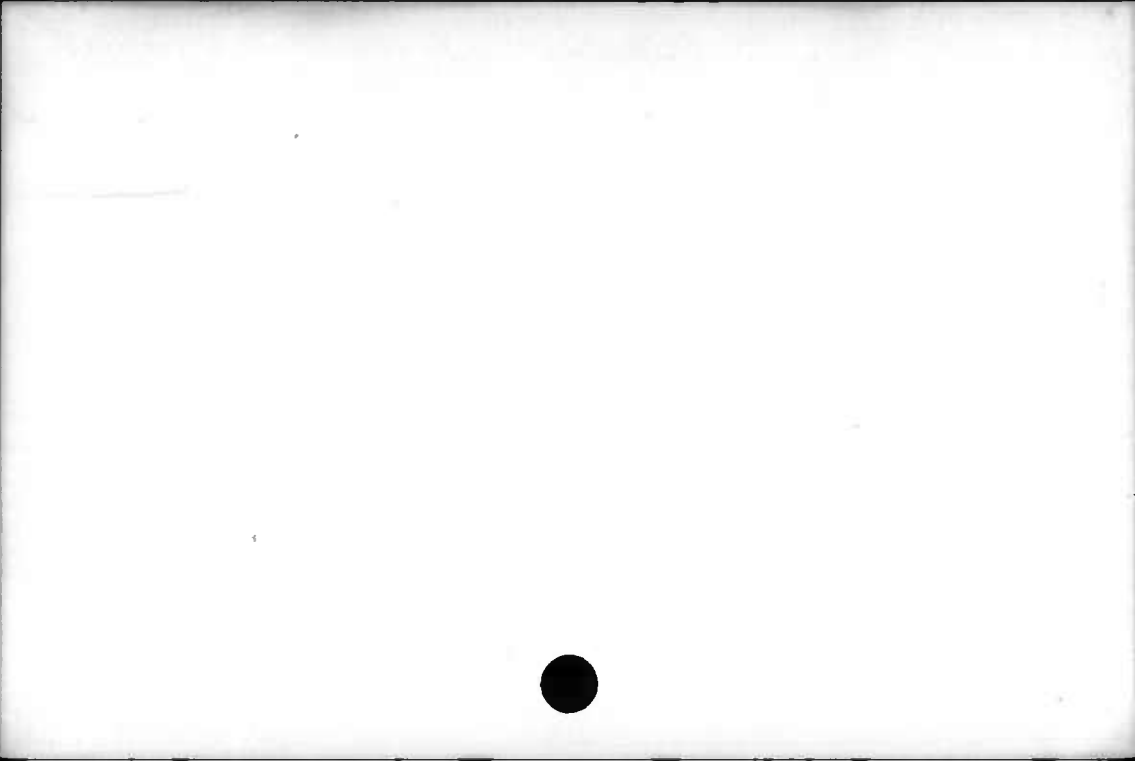
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>8</u>	Day <u>19</u>	Years <u>1</u>	Months <u>2</u>	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Cambridge, Md</u>		
Occupation <u>child</u>		Where Residing if not at place of death <u>Cambridge, Md</u>			
<u>Married</u> , Single or Widowed		Name of Wife or Husband			
Father's Name <u>Conway</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name		Mother's Birthplace <u>Md.</u>			
Name of person giving Information <u>Father LeCompte + Mrs per</u>		How related to deceased <u>Uncle + Sister</u>			

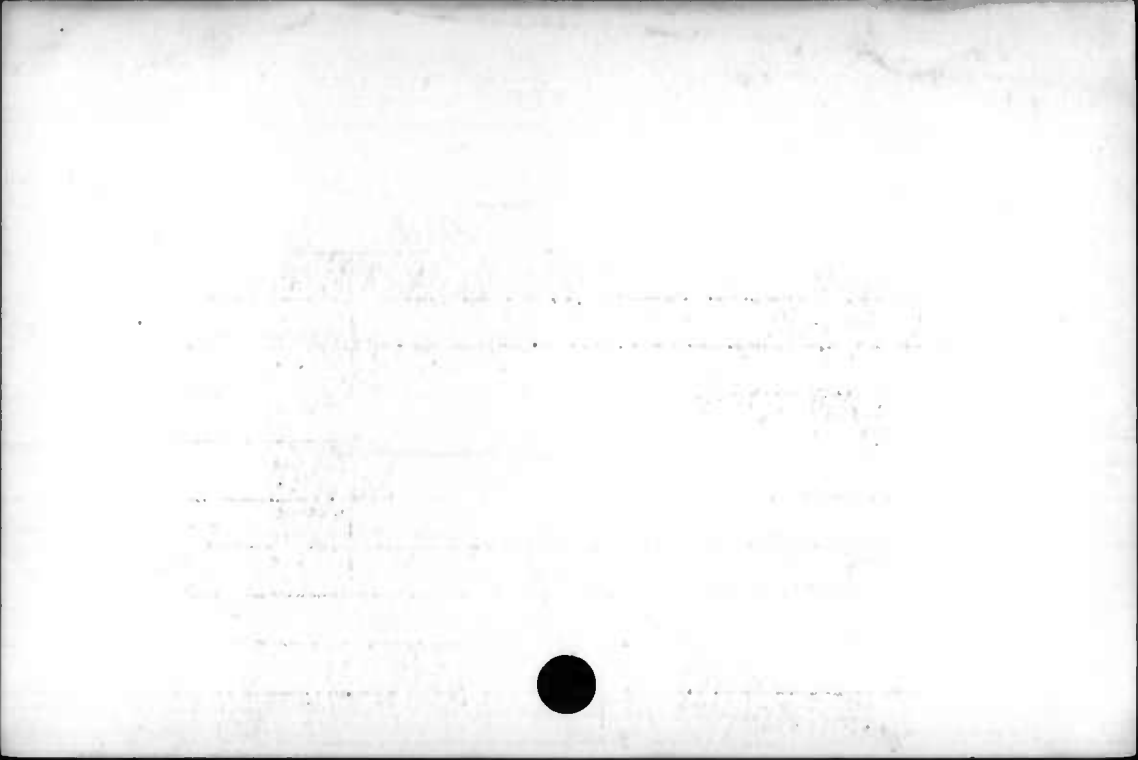
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>105</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. Wolff M.D.</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide?	



Name in Full		George S Greenwell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Cauling		Town Dorchester		County	
		Date of death 1903		Month Aug		Day 26	
		Age 25		Years		Months	
		Sex Male		Color or Race White		Birth- place Dorchester	
		Married, Single or Widowed Married		Occupation Miller			
		Name of Wife or Husband Halter W. Ingoe					
		Father's Name H. and S. Greenwell		Father's Birthplace H. and S. Ingoe			
Mother's Maiden Name Frances S. Ingoe		Mother's Birthplace Dorchester					
Name of person giving In formation Robt W Greenwell		How related to deceased Brother					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Typhoid Fever				How long 4 weeks	
		Immediate Intestinal Hemorrhage				How long 2 days	
		Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>				Signature of Physician B. M. G. L. Brown	
						Address	
		Accident or Suicide?					



Name in Full

in front of name

Hill

MARYLAND

Died at *breanna* *dochester*

Town

County

Date 19 *02* *Aug* *21* *21* *4* *breanna*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* *Number of children living*

Husband of

Wife

Father's Name *James R. Hill* Mother's Name *Rachel A Hill*

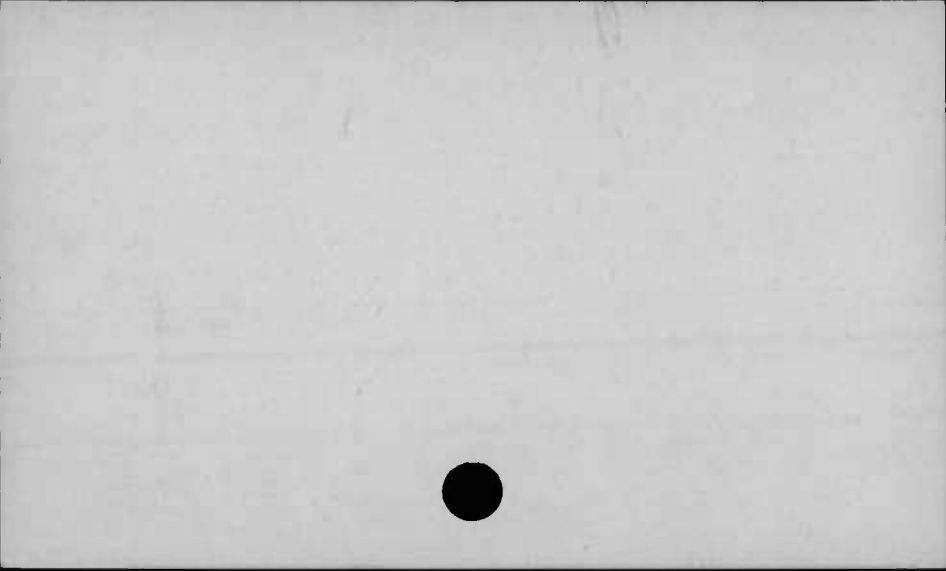
Cause of Death { Primary *Alcoholism* How long sick

Death { Immediate Accident, Suicide, Homicide

Reported by *James R. Hill* *Geo W. McCreedy*

Address *under the*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

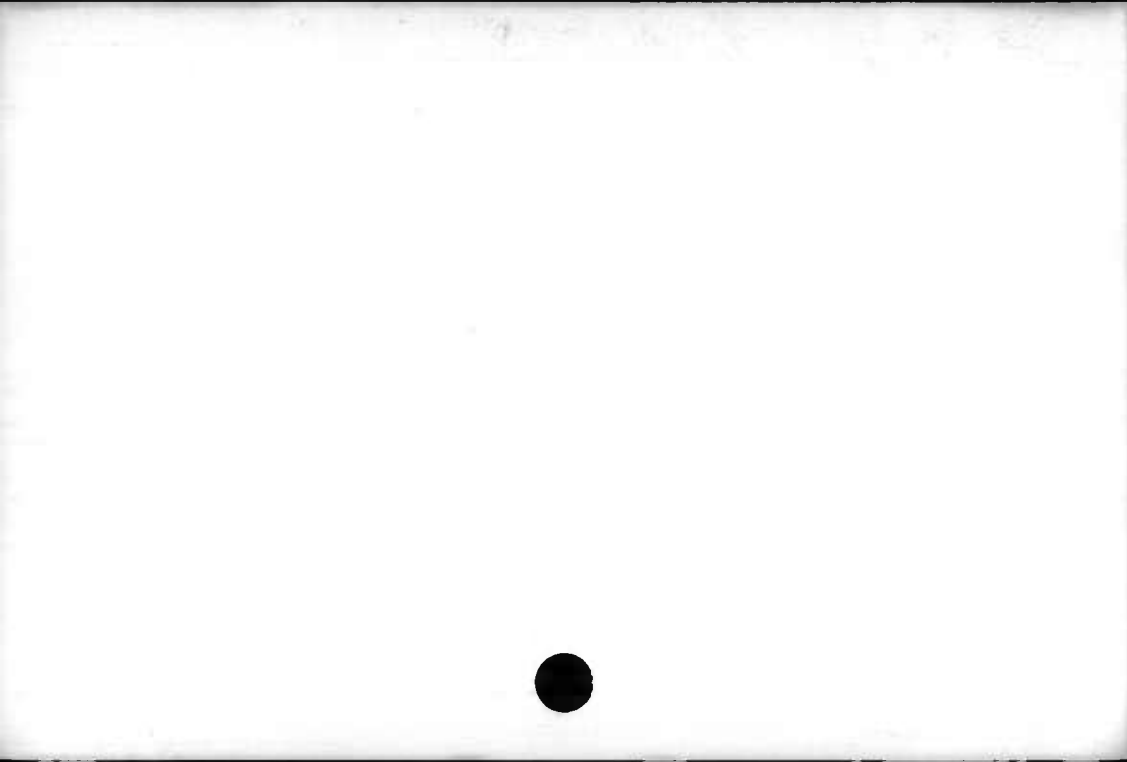
Died at <u>Golden Hill</u> Town		<u>Norchester</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug</u>	Day <u>23rd</u>	Years <u>21</u>	Months <u>4</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Norchester Co</u>		
Married, Single or Widowed <u>Married</u>			Occupation _____		
Name of Wife Husband <u>Solomon G. Phillips</u>					
Father's Name <u>Jenkins Horsem</u>			Father's Birthplace <u>Norchester Co</u>		
Mother's Maiden Name <u>Isabella Lewis</u>			Mother's Birthplace <u>Norchester Co</u>		
Name of person giving information <u>Solomon G. Phillips</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Ignorant mid wife - Puerperal hemorrhage</u>	How long	<u>3 hours.</u>
Immediate	<u>Hemorrhagic shock - collapse</u>	How long	<u>2 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>W. H. Houston M.D.</u>	
		Address <u>Fishing Creek</u>	

Accident or Suicide



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died <i>0.0 Cambridge</i> Town		<i>Winchester</i> County		MARYLAND
	Date of death 190 <i>2</i>	Month <i>aug</i>	Day	Age <i>—</i>	Years <i>6</i>
	Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Wm. Co. Md.</i>		
	Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>		
	Name of Wife or Husband				
	Father's Name <i>Adam Juss</i>		Father's Birthplace <i>Wm. Co. Md.</i>		
	Mother's Wm Name <i>Marion Juss</i>		Mother's Birthplace <i>Wm. Co. Md.</i>		
Name of person giving Information <i>Marion Allen</i>		How related to deceased <i>Not-at-all</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Dysentery</i>		How long <i>3 days</i>		
	Immediate <i>Bovine fever</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Marion Allen M.D.</i>		
			Address <i>Cambridge Md.</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

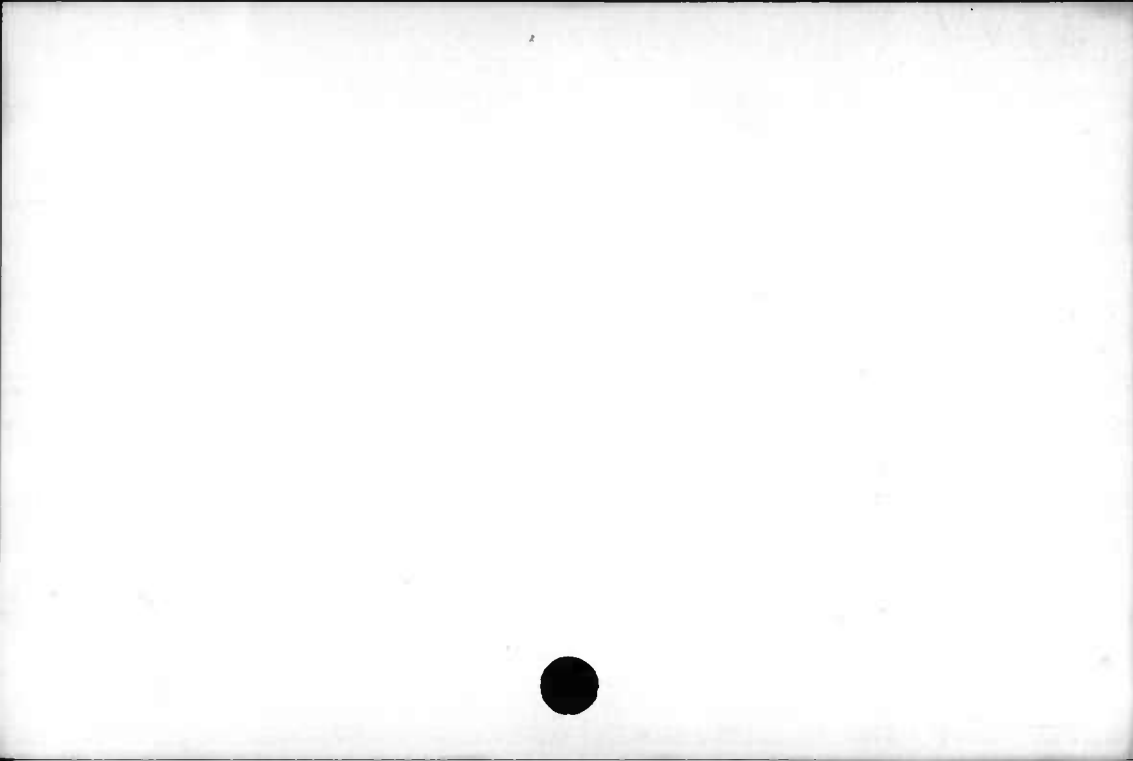
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Creek</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	1903	Month	Aug.	Day	26 th
Sex	Female	Color or Race	Col.	Age	—
Occupation	Infant	Birth-place	Church Creek, Md.	Months	—
Where Residing if not at place of death	—				
Married, Single or Widowed	Infant	Name of Wife or Husband	Infant		
Father's Name	John A. Beene			Father's Birthplace	Dor. Co. Md.
Mother's Maiden Name	Annie Chase			Mother's Birthplace	Dor. Co. Md.
Name of person giving Information	John A. Beene			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dout. Know</i>	How long	<i>15</i>
Immediate		How long	<i>14 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Probably</i>	Signature of Physician	<i>Harvey Richardson</i>
		Address	<i>Church Creek, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

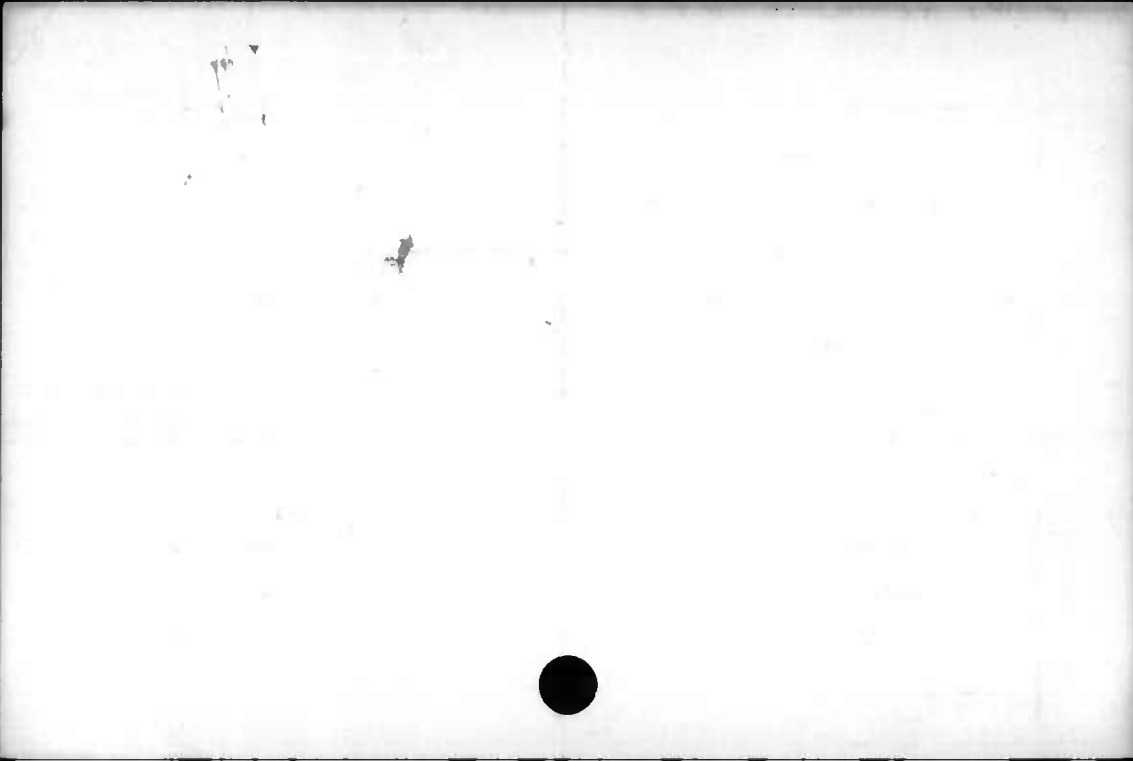
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsburg</i> Town <i>Port</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>15</i>	Age <i>79</i>
Sex <i>male</i>		Color or Race <i>white</i>	Birth-place <i>ind</i>
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Joseph Kennedy</i>		Father's Birthplace <i>ind</i>	
Mother's Maiden Name <i>Sarah E. Freeman</i>		Mother's Birthplace <i>ind</i>	
Name of person giving Information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>marasmus</i>	How long	<i>3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. Kemp Jefferson</i>	
		Address <i>Federalsburg ind</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Lee

Town

Kennedy

County

Died at New Ellwood

Worcester

MARYLAND

Date 1903 - 8 - 26 | Age 2 - - | Native of Md. | Occupation —

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Peter Kennedy

Mother's

Maiden Name

Martha Blades

Cause of

Primary

Keratoxismus

How long sick

16 hrs.

Death

Immediate

Collapse

Accident, Suicide, Homicide

Reported by

J. R. Phillips M.D. 179

Address

Preston Md.

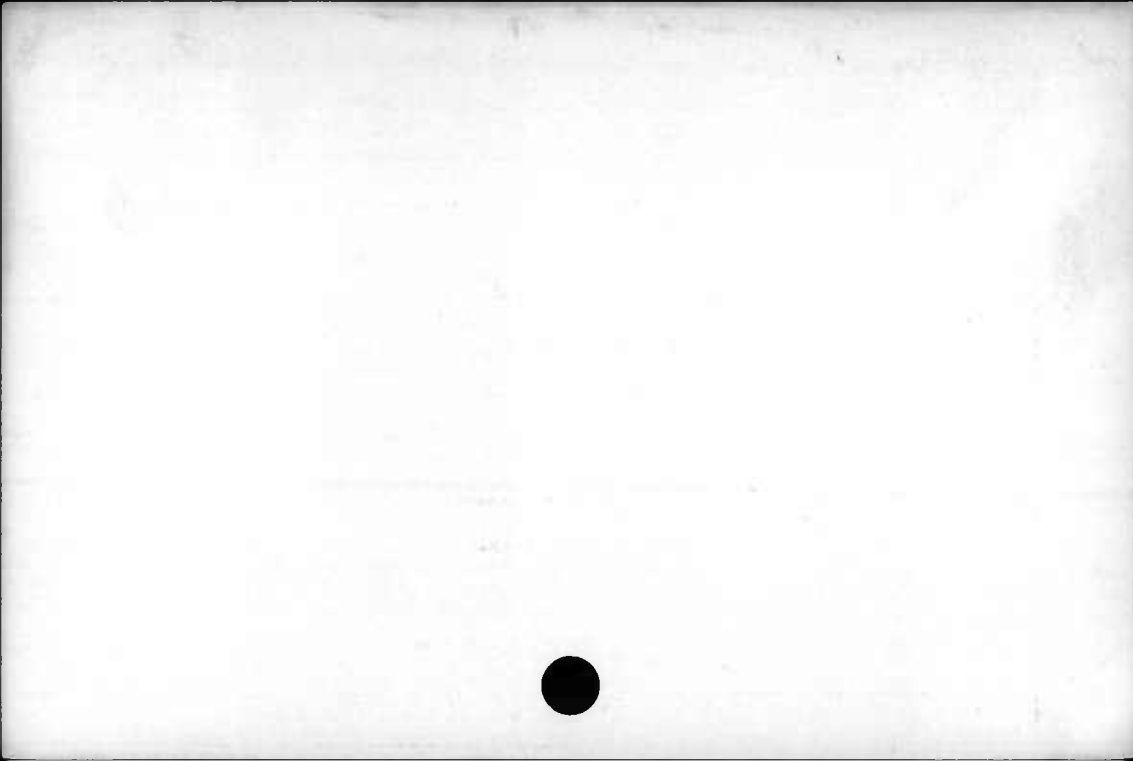
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		300 M. Lantford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died	Town 2nd Cambridge	County Dorchester	MARYLAND			
	Date of death 190	3	Month August	Day 16	Age 62	Years	Months Days
	Sex	Male	Color or Race	White	Birth-place	Dorchester to Md	
	Married, Single or Widowed	Married		Occupation	Farmer		
	Name of Wife or Husband	Margaret A Prohawn -					
	Father's Name	Lighmar Lantford			Father's Birthplace	Dorchester to Md	
	Mother's Maiden Name	Eliza Manner			Mother's Birthplace	Dorchester to Md	
	Name of person giving information	E. Lantford			How related to deceased	Son -	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dysentery			How long	3 weeks	
	Immediate	E. Lantford			How long	24 hours	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	B. W. Goldborough		
				Address	Cambridge Md		
	Accident or Suicide?						



LIBRARY BUREAU A66516



Name in Full

Certificate of Death

Frances Ann Mc Glatton

Died at Sturlock Town Worcester County MARYLAND

Date 1908 — Month 8 Day 5 Age 35 Y. X M. X D. X Native of Maryland Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 8

Husband of John W Mc Glatton
 Wife

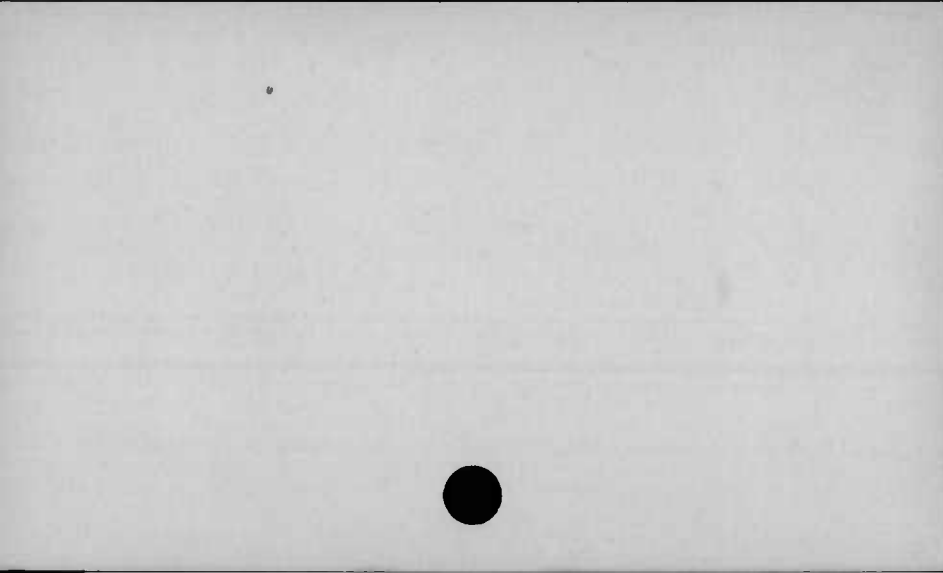
Father's Name Thos Adams Mother's Hannah Matthews
 Maiden Name

Cause of Death { Primary Placenta Praevia How long sick one week
 Immediate Hemorrhage Accident, Suicide, Homicide

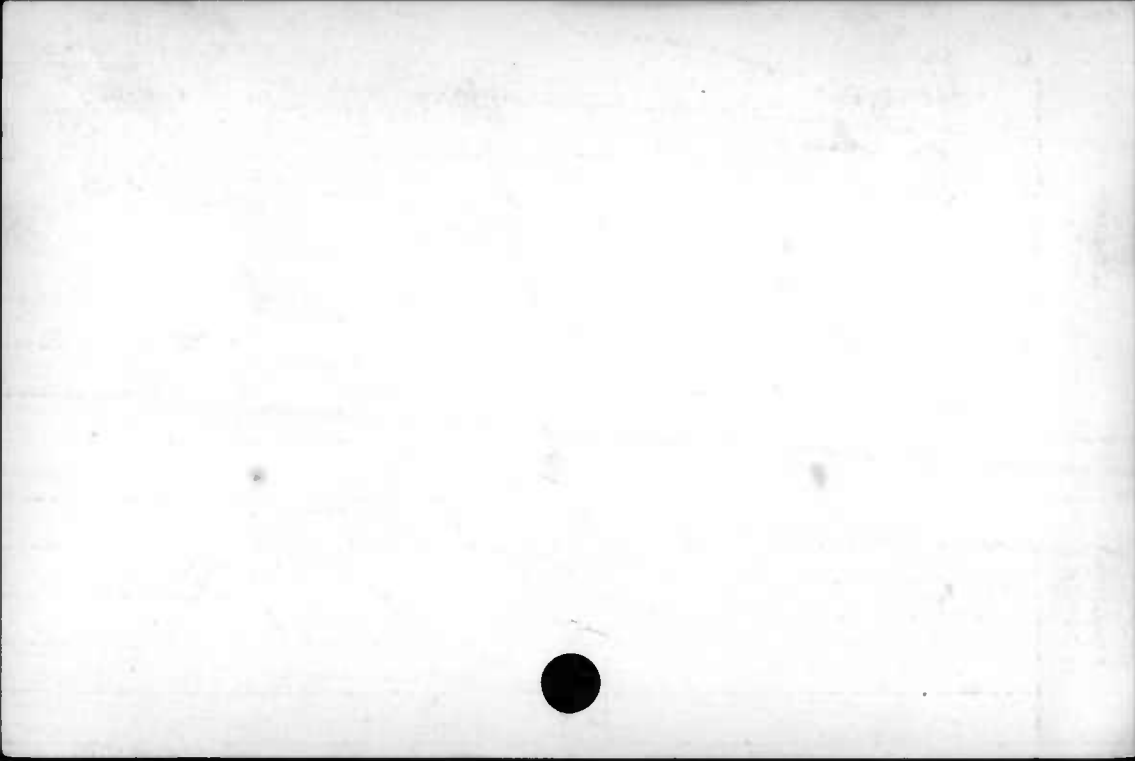
Reported by G. Roger Myers MD

Address Sturlock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Sarah Elizabeth Mills		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Toddsville Town	Dorchester County	MARYLAND
	Date of death 1703 Month August Day 22 Age 67 Years Months 2 Days 8		
	Sex Female Color or Race white	Birth-place Dorchester Co.	
	Married, Single or Widowed	Occupation	
	Name of Wife or Husband James Mills		
	Father's Name Colman McNamee	Father's Birthplace Dorchester	
	Mother's Maiden Name Sarah	Mother's Birthplace	
Name of person giving information Colman J. Mills	How related to deceased		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Diphtheria	How long 3 weeks	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. McNamee	
		Address Wynats Dorchester	
	Accident or Suicide?		



Name
In
Full

CERTIFICATE OF DEATH

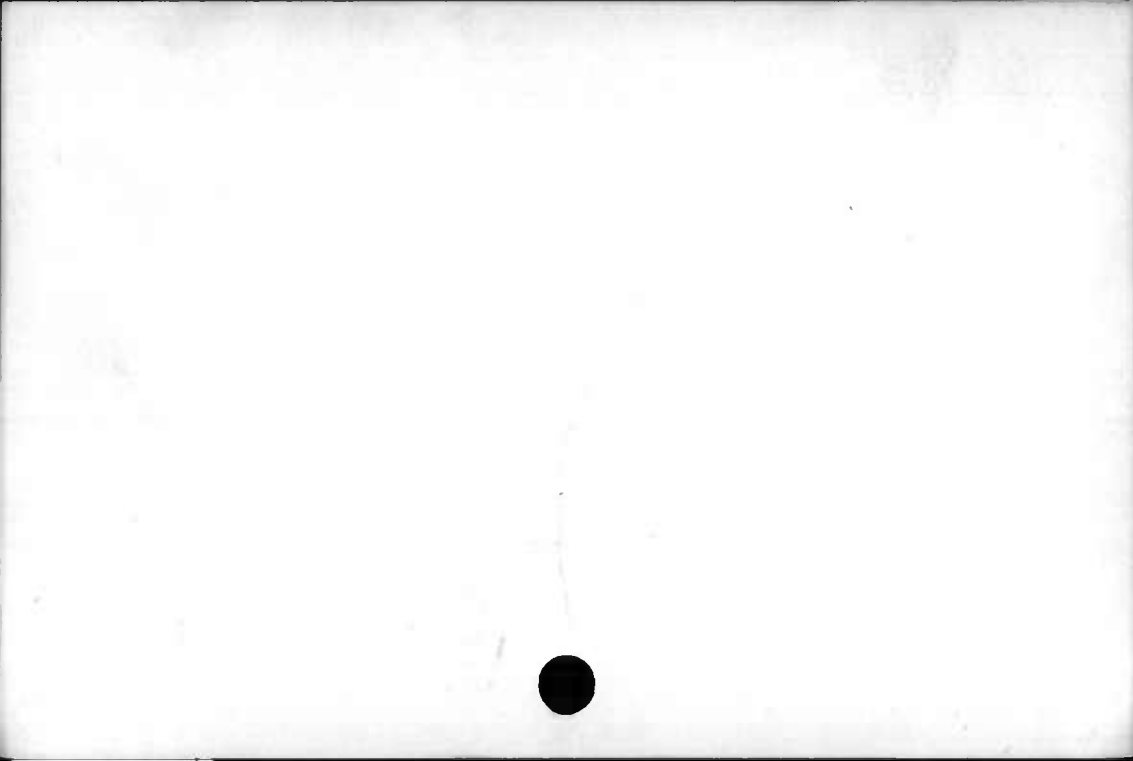
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Infant</i>		Town <i>Church Creek</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug.</i>	Day <i>24</i>	Age <i>24</i>	Years <i>-</i>	Months <i>-</i>	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>-</i>						
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>						
Father's Name <i>Alfred L. Padon</i>	Father's Birthplace <i>Dor. Co. Md.</i>						
Mother's Maiden Name <i>Mary J. Brown</i>	Mother's Birthplace <i>Dor. Co. Md.</i>						
Name of person giving Information <i>Alfred Padon</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dor. Co. Md.</i>	How long <i>-</i>
Immediate <i>151</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>Howard Richardson Underhill</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name
in
Full

Mellicent

Pritchett

CERTIFICATE OF DEATH

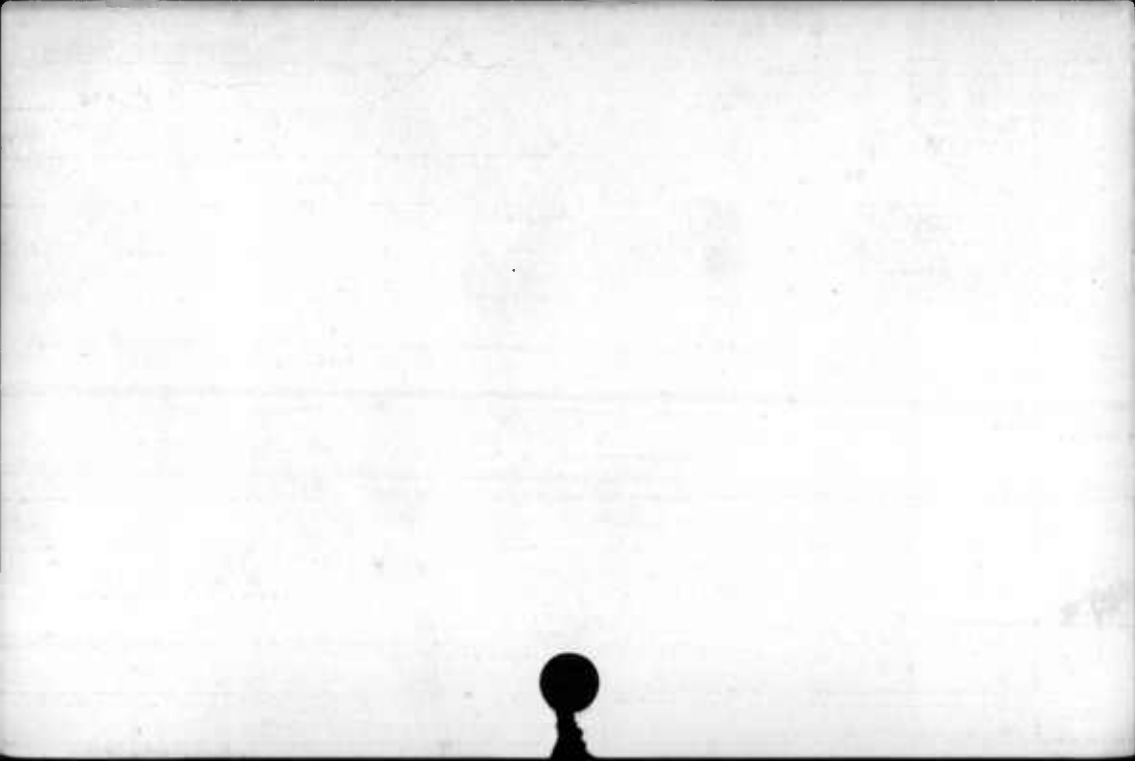
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brookton</i> ^{Town}		<i>Honchester</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>Aug</i> ^{Day}	<i>24</i> ^{Years}	<i>28</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Anglo-Saxon</i>	Birth-place <i>Wd</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>None</i>				
Name of Wife <i>William S. Pritchett</i> Husband					
Father's Name <i>Prattman Bramble</i>			Father's Birthplace <i>Wd</i>		
Mother's Maiden Name <i>Rhoda J. Todd</i>			Mother's Birthplace <i>Wd</i>		
Name of person giving information <i>Wt S. Pritchett</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Childbirth</i>	How long <i>Eight weeks</i>
Immediate <i>Puerperal Fever 1897</i>	How long <i>Six weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
	Address <i>Chap Wd</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Annie Rachuba

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>8</i> ^{Month}	<i>18</i> ^{Day}	Age <i>1</i> ^{Years}	<i>2</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Polish</i>		Birth-place <i>Baltimore, Md</i>		
Occupation <i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Martiel Rachuba</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Maliniska</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving Information <i>Martiel Rachuba</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>105</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Wolff M.D.</i>
	Address <i>Cambridge, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

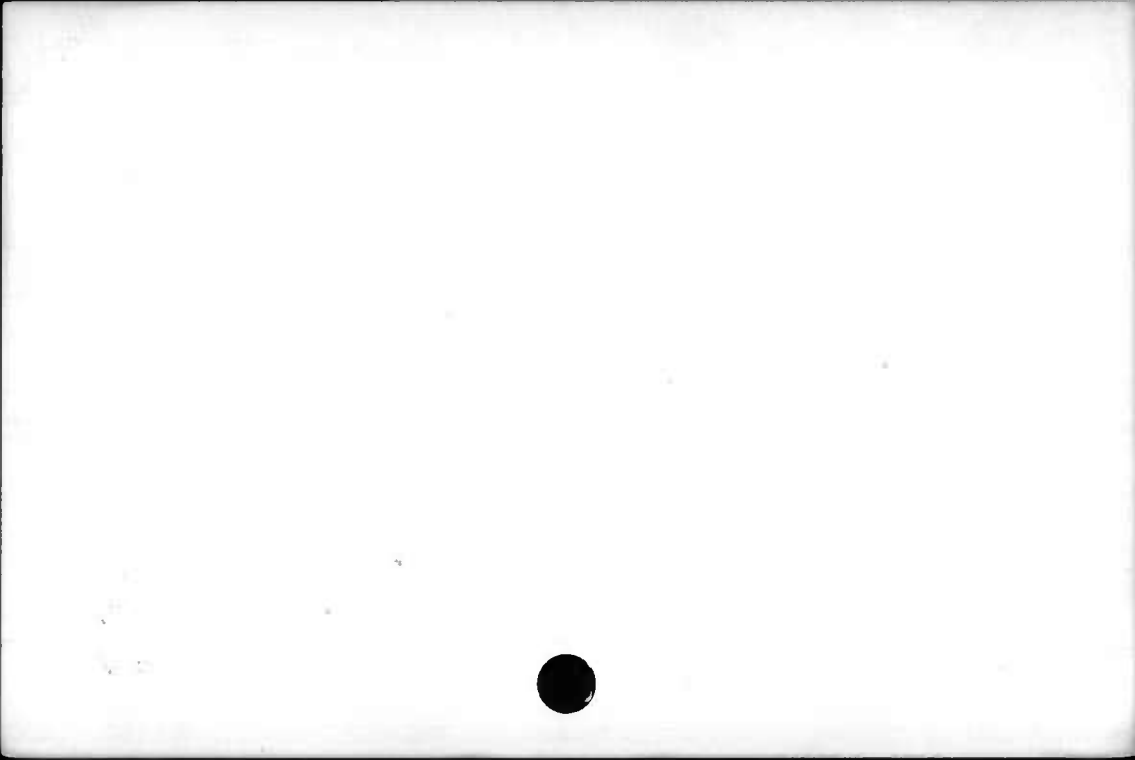
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Racbuba</i>			Town		County		MARYLAND	
Died at			Date of death <i>1903</i>		Month <i>8</i>	Day <i>28</i>	Age <i>1</i>	Months <i>2</i>
Sex <i>Female</i>		Color or Race <i>White (Bohemian)</i>		Birth-place <i>Balti. Md.</i>				
Occupation <i>Child</i>		Where Residing if not at place of death <i>Cambridge, Md</i>						
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband						
Father's Name <i>Martael Racbuba</i>		Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Jury Maltreka</i>		Mother's Birthplace <i>Germany</i>						
Name of person giving Information <i>Martael Racbuba</i>		How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>105</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. W. J. D.</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Wilbur C Reiner

Town

County

Died at *Williamstown Dorchester*

MARYLAND

Date 19	Month	Day	Y	M.	D.	Native of	Occupation
1903	8	25				<i>Penn</i>	<i>Schoolboy</i>
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband
of
Wife

Father's Name *Charles Reiner* Mother's Maiden Name *Sarah Milligan*

Cause of Death	Primary	<i>Typhoid Fever</i>	How long sick
	Immediate	<i>Peritonitis</i>	Accident, Suicide, Homicide

Reported by *E. Roger M. Jones M.D.*

Address *Franklin St. [Redacted]*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

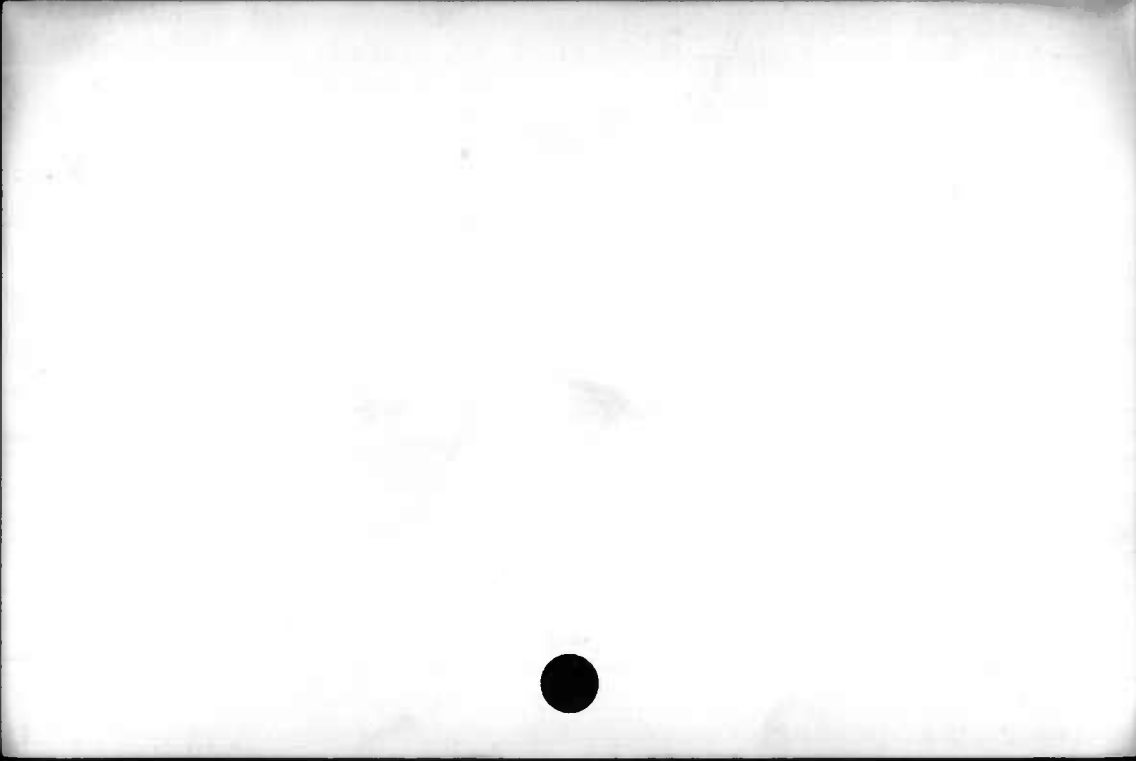
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death <u>1902</u>	<u>Aug</u> <small>Month</small>	<u>28</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birthplace <u>Dr. Co. Ind.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Walter H. Reel</u>			Father's Birthplace <u>Dr. Co. Ind.</u>		
Mother's Maiden Name <u>Reel Smith</u>			Mother's Birthplace <u>Dr. Co. Ind.</u>		
Name of person giving Information <u>Reel Reel</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastroenteritis</u>	How long <u>2 Months</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. Stuck</u>
	Address <u>Cambridge Ind.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Edwin Shorro

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cambridge		^{County} Annapolis		MARYLAND	
Date of death	1903	Month	Aug	Day	8
Age		Years		Months	Days
Sex		Male		Color or Race	white
Occupation		—		Birth-place	Ind.
Where Residing If not at place of death		—			
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	not ascertained		Father's Birthplace		
Mother's Maiden Name	not ascertained		Mother's Birthplace		
Name of person giving Information	Hospital Records		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sept Malaria Heart Tuberculosis	How long	Contag
Immediate	Exhaustion (hospital)	How long	—
Are the name, age, sex, color, date and place correctly given above?		y/s	
Signature of Physician		Guy S. Tule	
Address		Cambridge Ind.	
Accident or Suicide?			



Name
in
Full

Ellen Skinner

CERTIFICATE OF DEATH

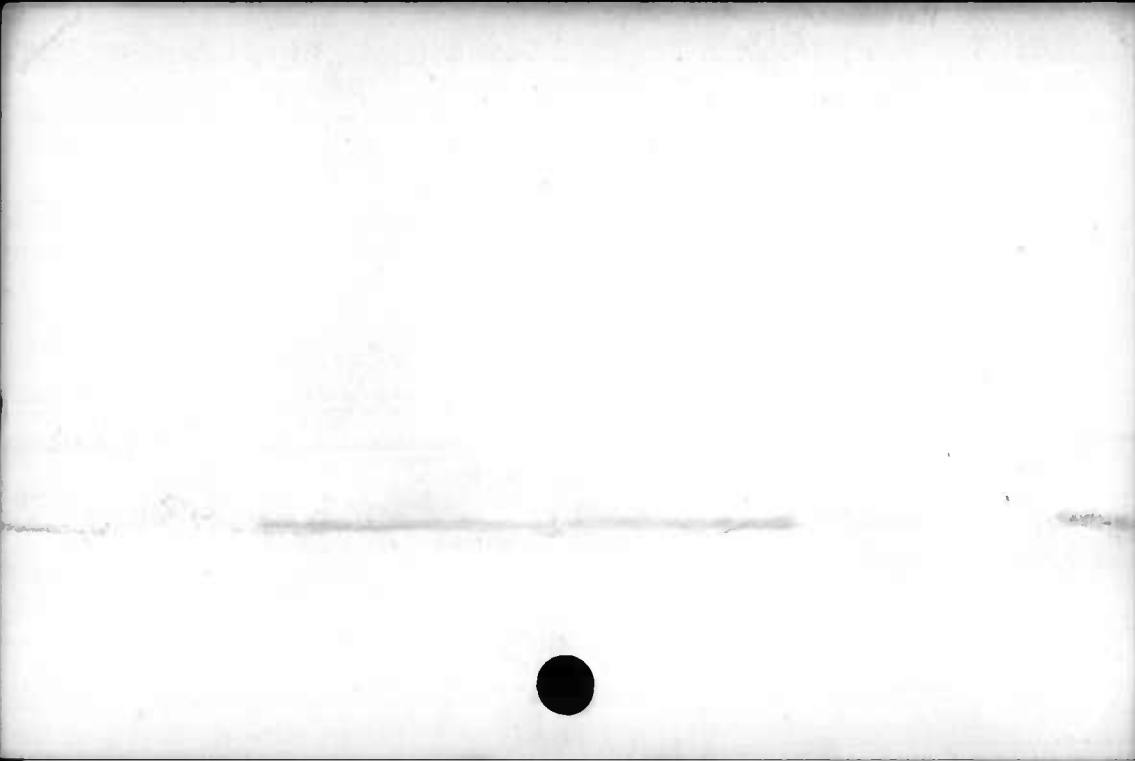
TO BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> <i>Ann</i> Town <i>Cambridge</i>		County <i>Brook</i>		MARYLAND	
Date of death	1903	Month	Aug	Day	23
Age		52		Months	
Sex	Female	Color or Race	white	Birth-place	Ind
Occupation	House work		Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed	Married		Name of Wife or Husband <i>John Skinner</i>		
Father's Name	—		Father's Birthplace —		
Mother's Maiden Name	—		Mother's Birthplace —		
Name of person giving Information	<i>John Skinner</i>		How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Conformation 135</i>	How long
Immediate	<i>Post mortem hemorrhage</i>	How long <i>short while</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John Moore</i>
		Address <i>Cambridge</i>
Accident or Suicide?	—	



Name
in
Full

Caroline Skinner

CERTIFICATE OF DEATH

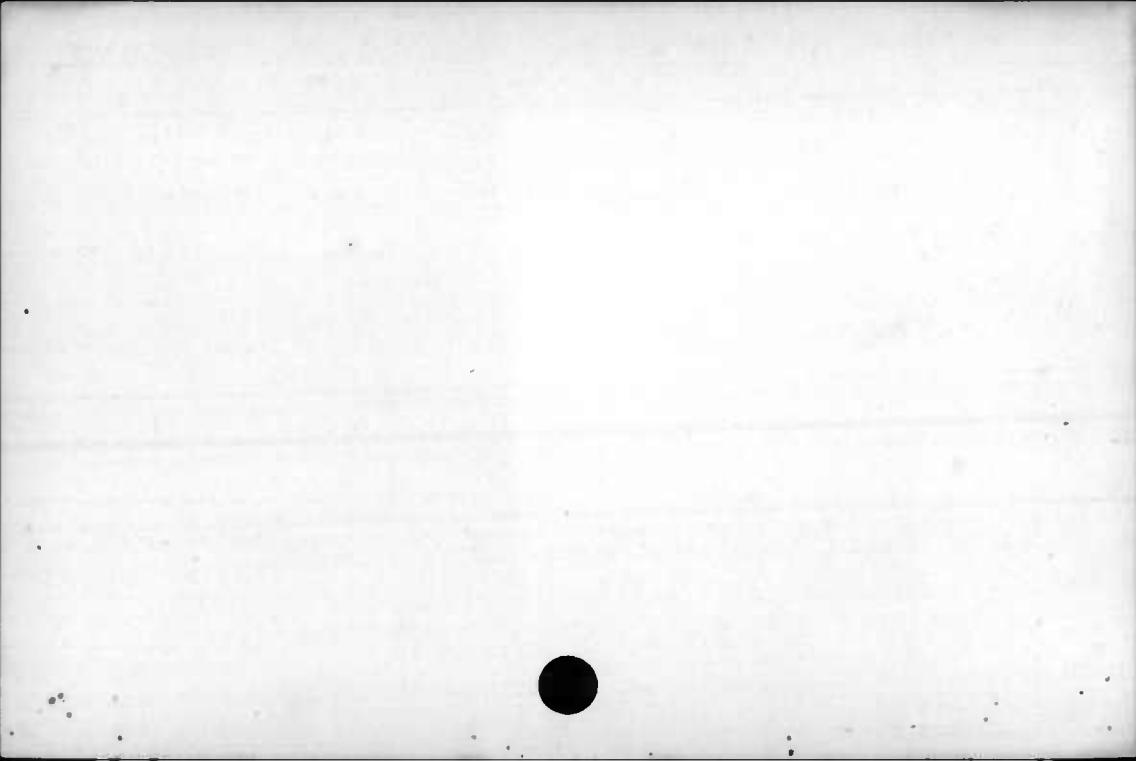
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Caulnaps</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>aug</u>	Day <u>21</u>	Years <u>70</u>	Months	Days
Sex <u>female</u>	Color or Race <u>black</u>		Birth- place <u>Dorchester Co Md</u>		
Married, Single or Widowed <u>widowed</u>			Occupation <u>none</u>		
Name of Wife or Husband <u>Chas Skinner</u>					
Father's Name <u>does not know</u>				Father's Birthplace	
Mother's Maiden Name <u>" " "</u>				Mother's Birthplace	
Name of person giving In formation <u>Daisy M Skinner</u>				How related to deceased <u>daughter in law</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bilious fever, (emphysema) met cystitis</u>	How long <u>Several weeks</u>
Immediate <u>E. Lauscha</u>	How long <u>a few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. N. Goldberry</u>
	Address <u>Caulnaps Me</u>
Accident or Suicide?	



Name
in
Full

Smith

CERTIFICATE OF DEATH

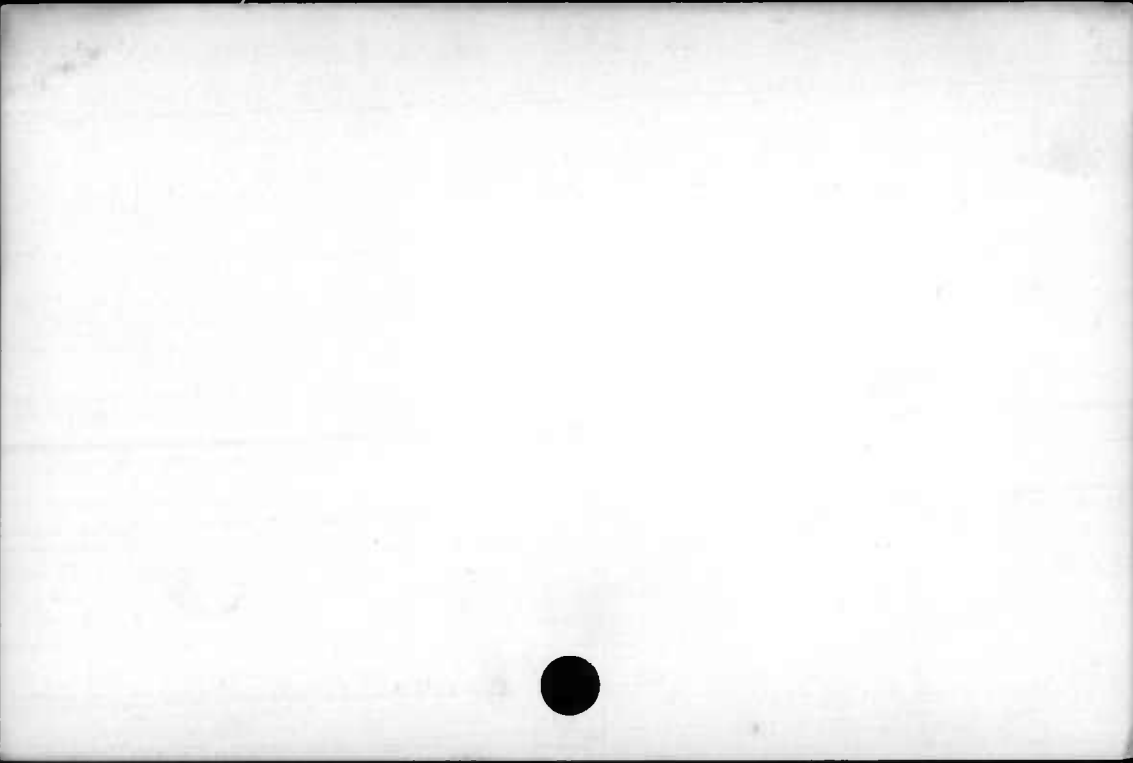
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Onecholes</u> <small>County</small>		MARYLAND	
Date of death 190 <u>5</u>	<u>aug</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>16</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Cambridge, Md.</u>		
Married, Single or Widowed <u>single</u>			Occupation <u>—</u>		
Name of Wife or Husband					
Father's Name <u>H. Columbus Smith</u>			Father's Birthplace <u>Dr Co. Md.</u>		
Mother's Maiden Name <u>See Family</u>			Mother's Birthplace <u>Dr Co. Md.</u>		
Name of person giving information <u>See Smith</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral Syphilis</u>	How long <u>all its life</u>
Immediate <u>apoplexy</u>	How long <u>20 yrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Guy Steubert M.D.</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Henry Stanley

Town

County

MARYLAND

Died at

Cordtown Cambridge

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 03

Aug 14

Age

70

Dorchester

Farming

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

one

Husband

of

Wife

Father's

Mother's

Name

Henry Stanley

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

old age general debility

Accident, Suicide, Homicide

Reported by

Le Compte Harper

Address

Cambridge Ma

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

A. Harrison Tall

CERTIFICATE OF DEATH

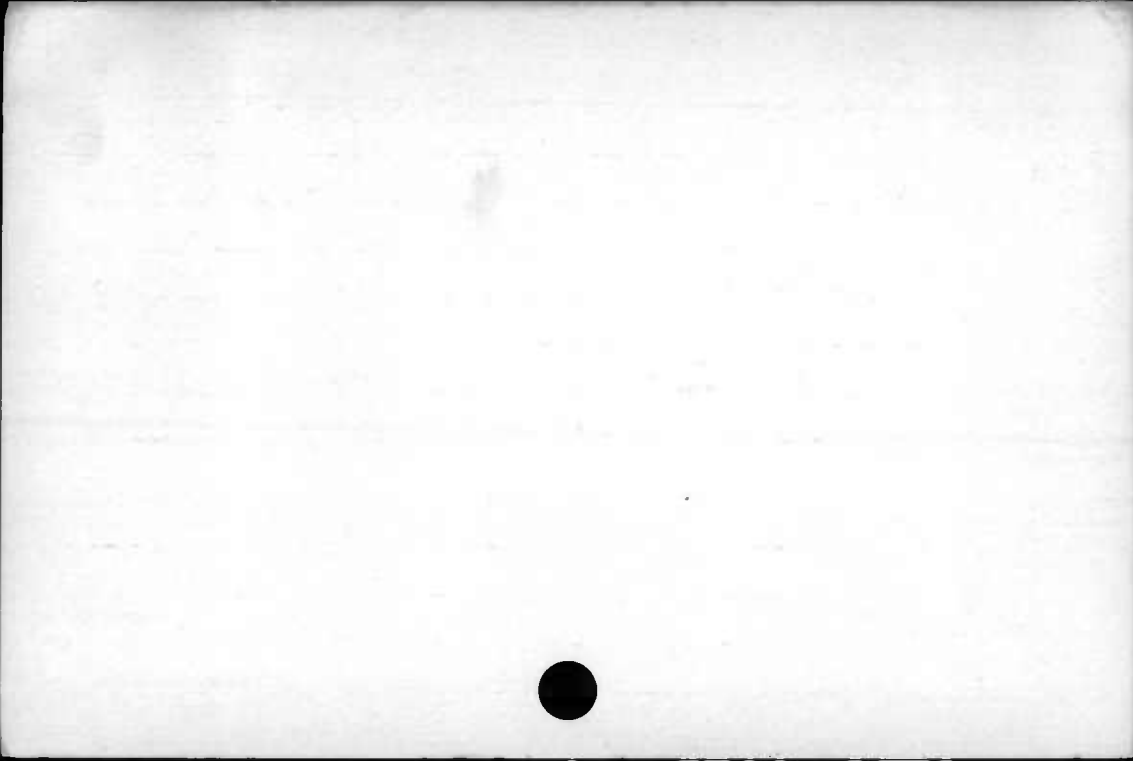
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Madison		County Dorchester		MARYLAND	
Date of death 1903		Month Aug.		Day 13 th		Age about 68	
Sex Male		Color or Race White		Birth- place Dor. Co. Md			
Marrled, Single or Widowed		Married		Occupation Farmer			
Name of Wife or Husband		Sarah Tall					
Father's Name		Richard Tall				Father's Birthplace Dor. Co. Md	
Mother's Maiden Name		Susan Navy				Mother's Birthplace Dor. Co. Md.	
Name of person giving In formation		Benjin F. Tall				How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	over two years
Immediate	Exhaustion from gradual decline	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		B. L. Smith M.D.	
Address		Madison Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

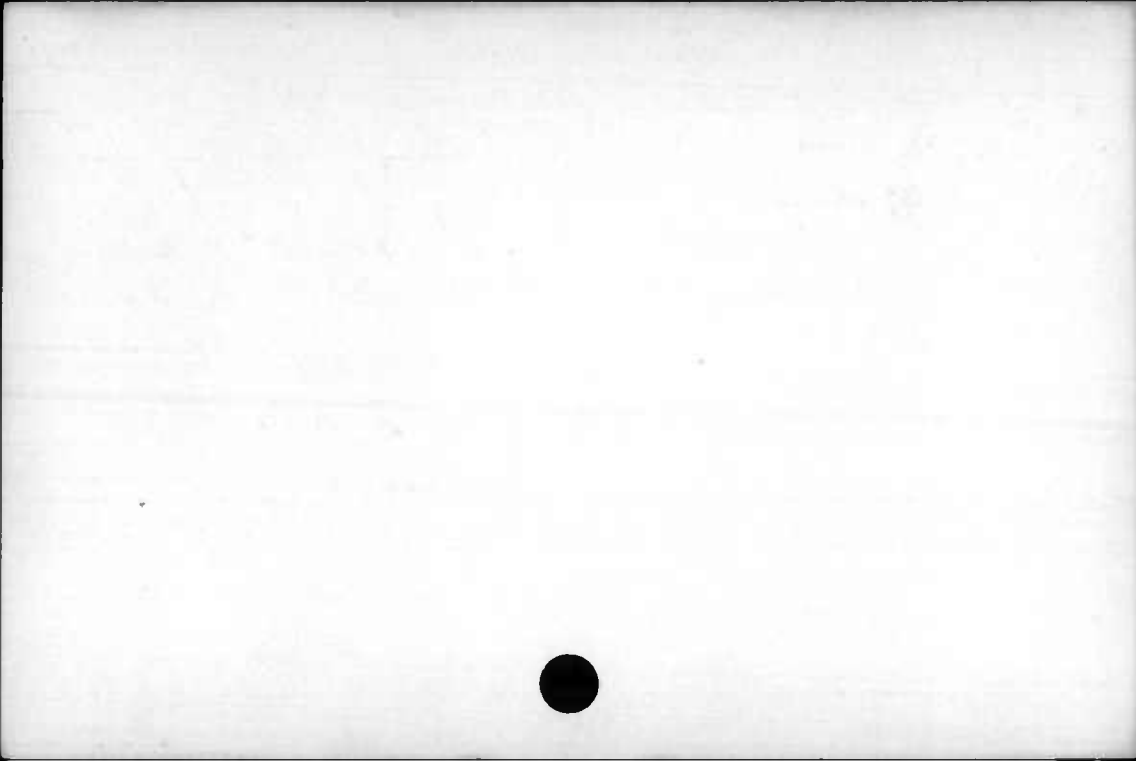
TO BE ANSWERED BY
NEAREST FRIEND

Died at Hells Point <small>Town</small>		Barclay <small>County</small>		MARYLAND	
Date of death 190 3	Month Aug	Day 16	Age 67 <small>Years</small>	Months 11	Days 8
Sex Male	Color or Race White	Birth-place Hells Point Md			
Married, Single or Widowed Married		Occupation Farmer			
Name of Wife or Husband Annie M Thomas					
Father's Name Levin M Thomas				Father's Birthplace Hells Point	
Mother's Maiden Name Mary Elliot				Mother's Birthplace "	
Name of parson giving information Annie M Thomas				How related to deceased Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysentery	How long Two weeks
Immediate 14	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician S A Stokes M.D.
	Address Rt 4 Cambridge Md
Accident or Suicide?	



Name
in
Full

Samuel J Travers ✓

CERTIFICATE OF DEATH

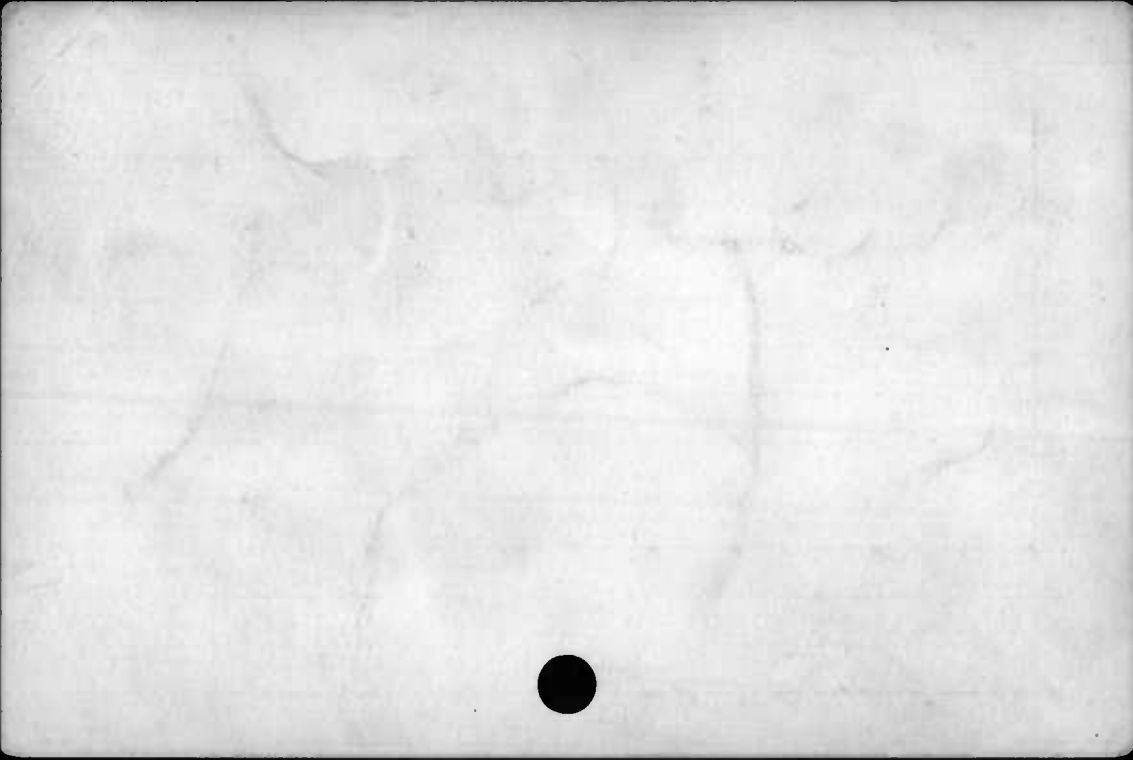
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dor</i> County		MARYLAND	
Date of death 190 <i>3</i> Month <i>Aug</i> Day <i>2</i>	Age <i>21</i> Years		Months <i>—</i>		Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Leeds Mass</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Benj Travers</i>			Father's Birthplace <i>Leeds Mass</i>		
Mother's Maiden Name <i>Edw J Daniels</i>			Mother's Birthplace <i>Leeds Mass</i>		
Name of person giving information <i>Martin McCreedy</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wilbur A. Drake M.D.</i>
	Address <i>Cambridge Dorchester Co.</i>
Accident or Suicide?	



Name
in
Full

Sillie Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug</u>	Day <u>3</u>	Age <u>—</u> Years	Months <u>10</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Cambridge</u>			
Married, Single or Widowed <u>single</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm. H. Tucker</u>			Father's Birthplace <u>Fall River, Mass</u>		
Mother's Maiden Name <u>Felia H. Bradley</u>			Mother's Birthplace <u>Wm. Co. Mass</u>		
Name of person giving Information <u>W. H. Tucker</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>2 weeks</u>
Immediate <u>Cerebral Coma</u>	How long <u>105</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yps.</u>	Signature of Physician <u>George Steele</u>
	Address <u>Center Bridge - Md</u>
Accident or Suicide?	



Name
in
Full

Eva Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND					
Date of death 1903		Month Aug.		Day 1.		Age Years 16		Months 5		Days 13	
Sex Female		Color or Race Negro		Birth- place Maryland							
Married, Single or Widowed		Single		Occupation Domestic							
Name of Wife or Husband											
Father's Name Alex Woolford						Father's Birthplace Ind					
Mother's Maiden Name Mary Elizabeth						Mother's Birthplace Ind					
Name of person giving In formation Mary E. Woolford						How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Acute Pulmonary Phthisis		How long 8 months.	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Wilbur A. Drake, M.D.	
				Address Cambridge, Dorchester Co.	
Accident or Suicide?					



Weldon Wright

Died at ^{Town} Hurlock ^{County} Dorchester MARYLAND

Date 1903 ^{Month} 9th ^{Day} 23 Age 1 - 23 ^{Native of} Md. ^{Occupation} _____

Male ^{White} ~~Female~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower~~ ^{Divorced} ~~Number of children living~~

Husband of _____
Wife _____

Father's Name R. O. Wright Mother's Maiden Name Ada M. Bradley

Cause of Death { Primary Cholera Infantum
Immediate Exhaustion

How long sick
4 days

Accident, Suicide, Homicide

Reported by G. A. Haefner M.D. 105

Address Hurlock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

